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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/665,442	<b>FILING DATE</b> 09/19/2000 <b>RULE</b> -	<b>CLASS</b> <del>284</del> 265	<b>GROUP ART UNIT</b> <del>2641</del> 3626	<b>ATTORNEY DOCKET NO.</b> HERO-1-1096
<b>APPLICANTS</b> Stephen J. Brown, Woodside, CA ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/517,140 03/02/2000, <i>PAT 638577</i> WHICH IS A CON OF 08/975,774 11/21/1997 PAT 6,101,478 WHICH CLAIMS BENEFIT OF 60/041,746 03/28/1997 <i>all</i> AND CLAIMS BENEFIT OF 60/041,751 03/28/1997				
<b>** FOREIGN APPLICATIONS *****</b> <i>none all</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/14/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>all</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 46
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 25315				
<b>TITLE</b> Multi-user remote health monitoring system with biometrics support				
<b>FILING FEE RECEIVED</b> 888	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	